

CITY COUNCIL REPORT



Meeting Date: May 7, 2013
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses.*

ACTION

Bar Liquor License Request for Shaker's Sports Bar and Grill 19-LL-2013. To consider forwarding a recommendation to the Arizona Department of Liquor Licenses and Control for a Person Transfer of a Series 6 (bar) State liquor license for an existing location and new owner.

OWNER

Shakers Sports Bar and Grill, LLC

APPLICANT CONTACT

John Meissner

LOCATION

8040 E McDowell Rd

BACKGROUND

This request is for a Person Transfer of a Series 6 (bar) liquor license. This has been a licensed location since 2002, most recently operating with liquor as Ragin Cajun Sports Bar.

The zoning for this site is Central Business District (C-2), which allows bars and live entertainment with a conditional use permit. This business may continue operate as a bar with live entertainment without a use permit based upon it being a legal, non-conforming use (grandfathered use). This establishment is 5,600 sq. ft. in size.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Person Transfer of a Series 6 (bar) liquor license. This allows a bar retailer to sell and serve spirituous liquors, primarily by individual portions, to be consumed on the premises and in the original container for consumption on or off the

premises. The applicant has indicated that this establishment will serve liquor between the hours of 6:00 a.m. to 2:00 a.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

OTHER LICENSES & PERMITS

Financial Management

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituos Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Current Planning Department

There will not be any significant changes to the floor plan.

Public Safety Division.

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time relevant to the liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)


Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning, Neighborhood and Transportation Division

Ronald Bayne, Lieutenant, Patrol Enforcement Section, rbayne@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Planning, Neighborhood and Transportation Director, rkeagy@scottsdaleaz.gov
Planning, Neighborhood and Transportation Division

APPROVED BY

Tim Curtis, AICP, Current Planning Director
312-4210 tcurtis@scottsdaleaz.gov

 4/10/2013

Randy Grant, PNT Administrator
312-2664, rgrant@scottsdaleaz.gov

 4/15/13

ATTACHMENTS

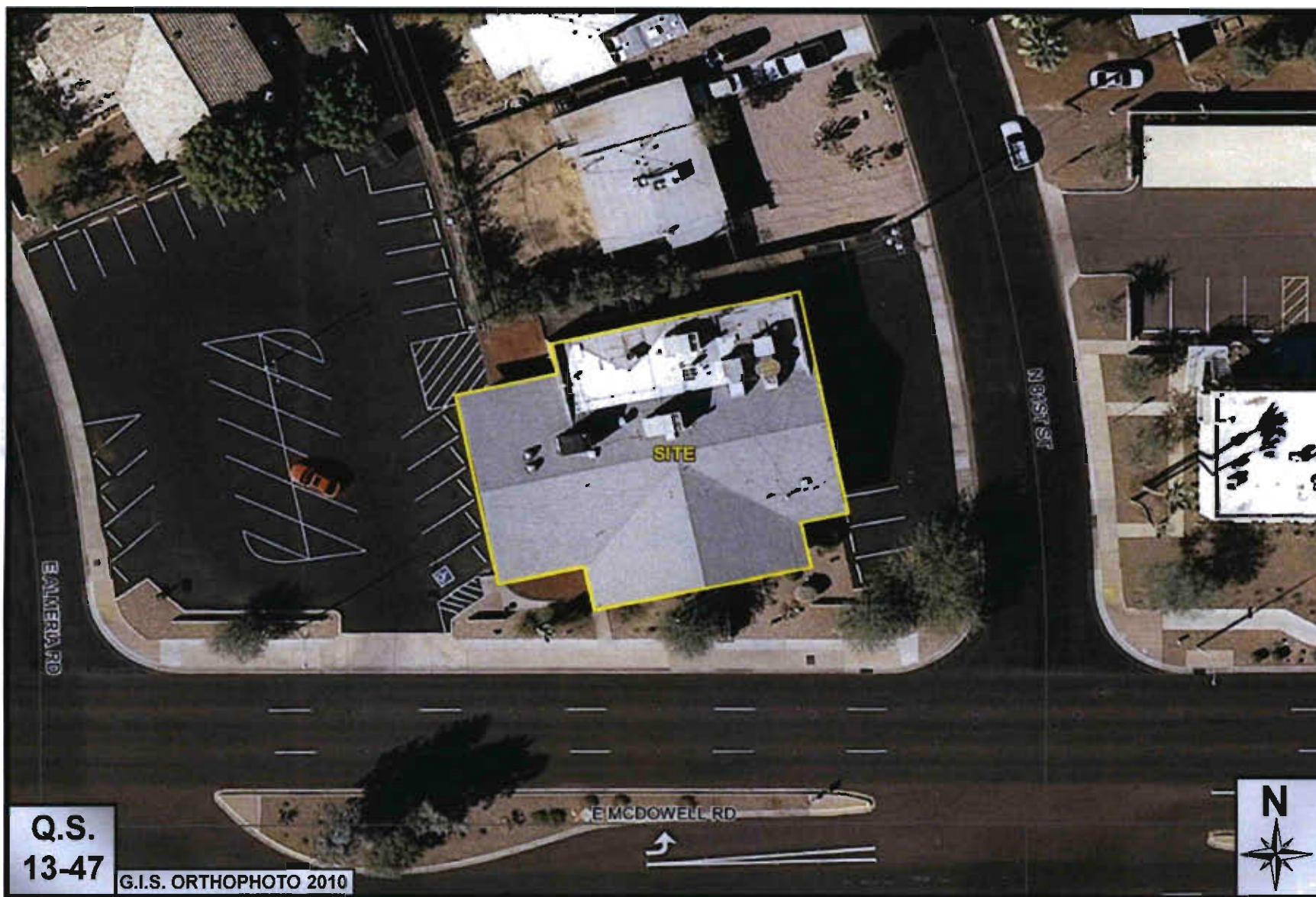
- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: City of Scottsdale Applicant Questionnaire
- #4: State Application



19-LL-2013

Shaker's Sports Bar & Grill

ATTACHMENT #1



Q.S.
13-47

G.I.S. ORTHOPHOTO 2010

19-LL-2013

Shaker's Sports Bar & Grill

ATTACHMENT #2



Liquor License Questionnaire

Please complete all questions and return within 3 business days.

Name of Business: Shakers Sports Bar and Grill

Business Address: 8040 E McDowell Rd, Scottsdale, AZ 85257

Type of Business (restaurant, bar, grocery, retail) Restaurant / Bar

Total Gross Square Footage of Establishment: 5600 Sq Ft

Was there a previous business at this location? ☒ Yes ☐ No
If yes, list the previous business: Restaurant / Bar

Was liquor sold at this location prior to this application? ☒ Yes ☐ No
If yes, what type of license? Class 6

Is this business currently open? ☒ Yes ☐ No

If yes, is this business operating with an Interim license? ☒ Yes ☐ No

If no, what is the proposed opening date? _____

Is this business under construction or being remodeled? ☐ Yes ☒ No

Does this business have an existing patio? ☐ Yes ☒ No Dimensions of patio _____

Does this business have a proposed patio? ☐ Yes ☒ No Dimensions of patio _____

How many parking spaces are allocated to your business? 44

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☒ Yes* ☐ No

Will the kitchen be less than 15% of the gross floor area? ☐ Yes* ☒ No

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☒ Yes* ☐ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☒ Yes* ☐ No

***May require a Conditional Use Permit**

During what hours will the establishment provide full kitchen service? 6:00 AM - 11:00 PM

During what hours will the establishment offer liquor sales? 6:00 AM - 2:00 AM

Gross square footage of kitchen: 1800 Sq Ft

(do not include refrigerators or areas used for storage of food or beverages)

Gross square footage of bar service area: 3400 Sq Ft

(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)

Planning, Neighborhood and Transportation Division

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088



Liquor License Questionnaire

Please complete all questions and return within 3 business days.

Will this business feature any of the following:

Patron Dancing?
Live Bands?
Amplified music?
Adult Entertainment?
After hours?

☒ Yes* ☐ No
☒ Yes* ☐ No
☒ Yes* ☐ No
☐ Yes* ☒ No
☒ Yes* ☐ No

Karaoke?
DJ?
Games?
Four or more pool tables?

☒ Yes* ☐ No
☒ Yes* ☐ No
☒ Yes* ☐ No
☐ Yes* ☒ No

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:
I have owned and operated two other south Scottsdale business for the past 9 years.
My establishment will strictly follow all laws, and work dilligently to keep our customers
rowdy or crass behavior.
2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
South Scottsdale's economy desparately needs more upscale places for live
entertainment. Bringing people from other parts of the valley will help improve
business and will increase revenue for the city.
3. Please describe your business:
Breakfast/coffee bar (Planned). Lunch/sports bar. Dinner/bar/live entrtnmnt.

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated Improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: John McSwiney

Signature: [Signature]

Date: 3-26-13

Submit

Planning, Neighborhood and Transportation Division

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☒ MORE THAN ONE LICENSE
☒ INTERIM PERMIT *Complete Section 5*
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☒ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☒ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): 06070027

1. Type of License(s): Series 6

2. Total fees attached: \$

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. Meissner John *WHEELER*
(Insert one name ONLY to appear on license) Ms. Last First Middle
2. Corp./Partnership/L.L.C.: Shakers Sports Bar and Grill, LLC *B1049876*
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Shaker's Sports Bar and Grill *B10011495*
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 8040 E. McDowell Road Scottsdale Maricopa 85257
(Do not use PO Box Number) City County Zip
5. Business Phone: 480-219-4596 Daytime Contact: 480-281-1887
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: 8040 E. McDowell Rd, Scottsdale AZ 85257
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: Application Interim Permit Agent Change Club Finger Prints \$ **TOTAL OF ALL FEES**

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☐ YES ☐ NO

Accepted by: Date: Lic. #

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5441

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
- ☐ INTERIM PERMIT *Complete Section 5*
- ☐ NEW LICENSE *Complete Sections 2, 3, 4, 7, 14, 15, 16*
- ☐ PERSON TRANSFER (Bars & Liquor Stores ONLY) *Complete Sections 2, 3, 4, 14, 15, 16*
- ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY) *Complete Sections 2, 3, 4, 14, 15, 16*
- ☐ PROBATE/WILL ASSIGNMENT/DIVORCE/DEGREE *Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)*
- ☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
- ☐ INDIVIDUAL *Complete Section 6*
- ☐ PARTNERSHIP *Complete Section 6*
- ☐ CORPORATION *Complete Section 7*
- ☐ LIMITED LIABILITY CO. *Complete Section 7*
- ☐ CLUB *Complete Section 8*
- ☐ GOVERNMENT *Complete Section 10*
- ☐ TRUST *Complete Section 6*
- ☐ OTHER (Explain)

SECTION 3 Type of license and fees LICENSE #(s)

1. Type of License(s):

2. Total fees attached: \$

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☐ Mr. Meissner P 1008900 John WHEELER
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.:
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name:
(Exactly as it appears on the exterior of premises)
4. Principal Street Location
(Do not use PO Box Number) City County Zip
5. Business Phone: Daytime Phone: Email: JOHN@PBARTS.COM
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☐ NO
7. Mailing Address: City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 100 Application 100 Interim Permit 100.00 Site Inspection 100.00 Finger Prints \$ 260.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: me Date: 3/20/2013 Lic. # 06070027

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 06070027
4. Is the license currently in use? ☒ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, Dina Galkcia Eloi, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

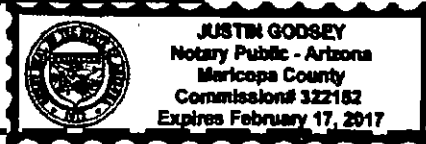
x Dina Galkcia Eloi
(Signature)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

15 day of MARCH, 2013
Day Month Year

My commission expires on: 2/17/17



(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**☒ L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**1. Name of Corporation/L.L.C.: Shakers Sports Bar and Grill LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)2. Date Incorporated/Organized: 3/19/2013 State where Incorporated/Organized: Arizona AZ

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No: L-1829550-5 Date authorized to do business in AZ: 3/19/20135. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
Meissner, John	Wheeler		<i>Owner Member</i>	10615 E. Coralbell Ave	Mesa	AZ	85208

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
Meissner, John	Wheeler		<i>100</i>	10615 E. Coralbell Ave	Mesa	AZ	85208

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: Eloi Dina Galicia Entity: Agent
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: Ragin' Cajun Sports Bar, LLC
(Exactly as it appears on license)
3. Current Business Name: Ragin' Cajun Sports Bar
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 8040 E. McDowell Rd.
City, State, Zip Scottsdale, AZ 85257
5. License Type: Series 6 License Number: 06070027
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street P.O. Box 21422
(Other than business) City, State, Zip Phoenix, AZ 85036
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☒ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☒ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, Dina Galicia Eloi, hereby authorize the department to process this application to transfer the

(print full name)

privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, Dina Galicia Eloi, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)

STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

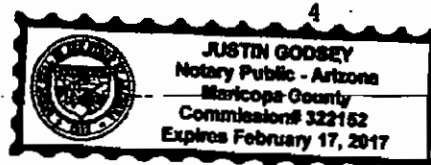
Dina Galicia Eloi
(Signature of CURRENT LICENSEE)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

15 Day MARCH 2013
Month Year

My commission expires on: 2/17/17

(Signature of NOTARY PUBLIC)



13 MAR 20 14 PM 10:16

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 10,349 ft. Name of school Hohokam Elementary School
Address 7501 E Virginia Av Scottsdale, AZ 85257
City, State, Zip
2. Distance to nearest church: 3062 ft. Name of church St Daniel the Prophet Catholic Church
Address 1030 N. Hayden Rd., Scottsdale, AZ 85257
City, State, Zip
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name Andros Management Corporation
Address 5009 E. Paradise Land Scottsdale, AZ 85254
City, State, Zip
- 4a. Monthly rental/lease rate \$ 5,500 What is the remaining length of the lease 3 yrs. 3 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other balance of lease
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ 135,000
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
Ragin Cajun Sports Bar, LLC			135,000	10255 E. Via Linda #1040, Scottsdale, AZ	85258	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? SPORTS BAR

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☒ YES ☐ NO If yes, give license number and licensee's name:
License # 06P70027 (exactly as it appears on license) Name DINA GALICIA ELOI

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:

Last First Middle and license #: _____
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
If yes, what is your estimated opening date? _____
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

SEE ATTACHED

13 MAR 2014 Lic. #10115

SECTION 16 Signature Block

I, W. MEISSNER
John Meissner, hereby declare that I am the OWNER/AGENT filing this
(print full name of applicant)
application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

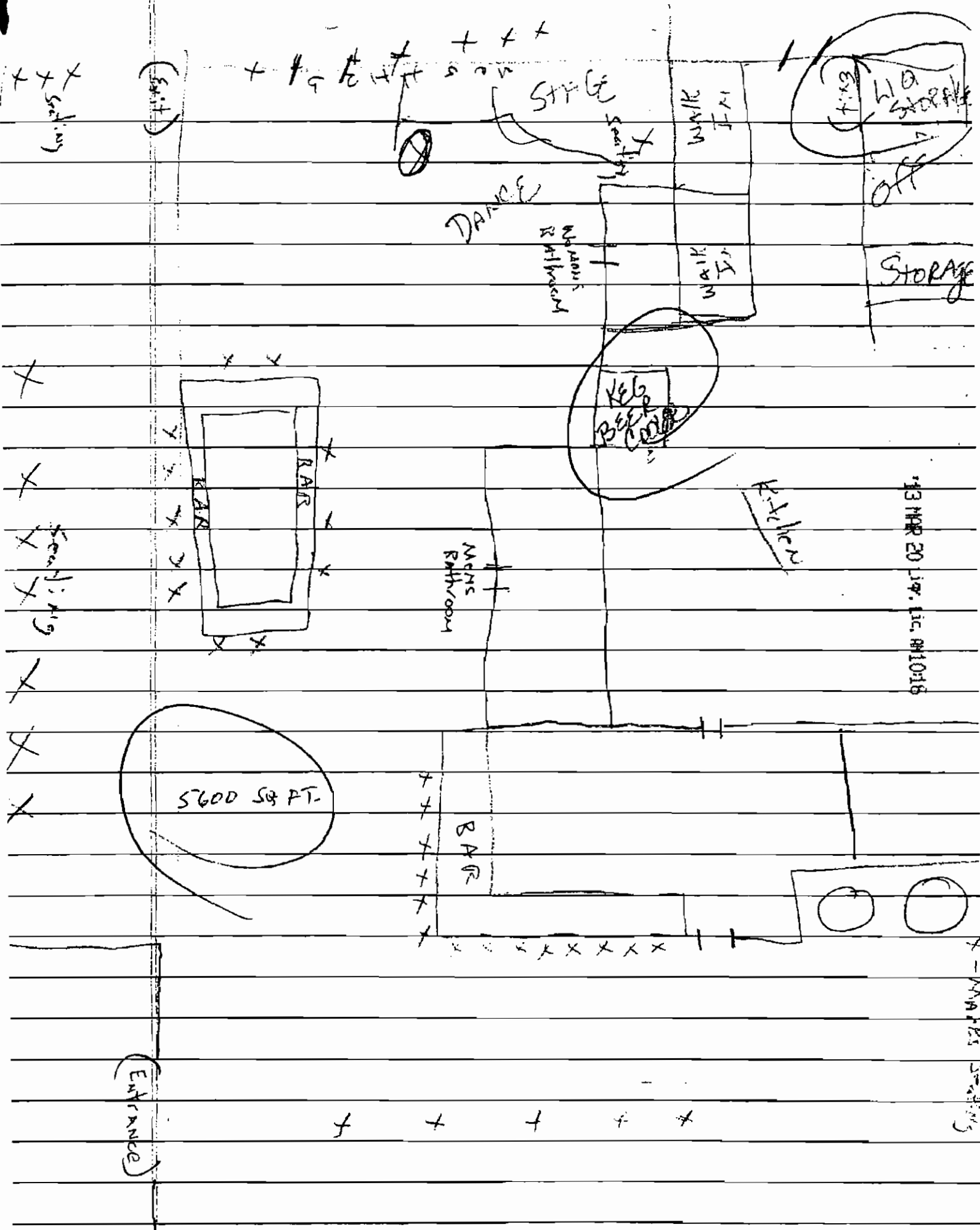


My commission expires on : _____
Day Month Year

The foregoing instrument was acknowledged before me this

19 of March 2013
Day Month Year

[Signature]
signature of NOTARY PUBLIC



13 MAR 20 14. Lic. #1018

MANA'S Seating